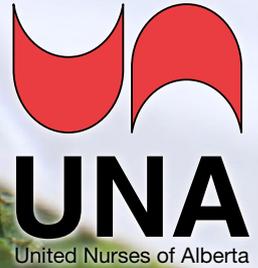


NEWS Bulletin



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UNA holds virtual
Annual General Meeting

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PRESIDENT'S MESSAGE

2020 AND 2021 HAVE BEEN DIFFICULT YEARS FOR NURSES: the future holds the prospect of hope

BETWEEN negotiating a new collective agreement with a government and major health care employers determined to roll back our rights and working conditions while confronting a worldwide pandemic that has laid bare the impact of underfunding and neglect in health care, 2020 and 2021 have been remarkably challenging years in the history of nursing in Alberta.

As I told the delegates to our union's October 20 and 21 Annual General Meeting, COVID-19 dominates everything in our lives, our work, and our families.

And yet I have nothing but gratitude and admiration for the members, leaders and employees of our union. When the pandemic hit, we shut down our union offices virtually overnight and continued to serve our members with the dedication and determination for which UNA is known despite the huge challenges we faced.

We learned in days how to do our important work from home, via Zoom. We continued to bargain for a fair collective agreement – and we have made progress!

We are not yet there, but there is hope we will be soon, and I thank every one of you for the way you have faced up to the crisis and continued to work – sometime facing abuse, often facing exhaustion and despair – to keep health care in Alberta operating, to keep serving our patients and our fellow citizens.

In January 2020, the Employers were demanding unprecedented rollbacks and huge pay cuts, and were telegraphing plans to eliminate 750 nursing jobs, and many more later.

Yet, thanks to your strength and resolve, the Employers returned to the bargaining table on September 7 with a new proposal that was considerably improved. They had removed most of their rollback demands and dropped most of the financial cuts they proposed.

As David Harrigan told the AGM, the government blinked.

We are not out of the woods yet. They are still seeking a pay cut at a time when other provinces are offering significant cash bonuses to keep nurses in their profession and at work.

But we are now in Mediation and, so far, we are making progress.

I am proud and thankful to all of you for the extraordinary work you have done. And I am hopeful we can complete the job and achieve a fair collective agreement.

We are fortunate to have each other. Alberta's nurses will continue to go forward, not back

Stay well! Stay safe! Stay strong! We can do this together!

In Solidarity,

Heather Smith
President, United Nurses of Alberta

FRONT COVER PHOTO: Scene from UNA's Day of Action on August 11.

FORMAL MEDIATION

for new Provincial Collective Agreement between UNA and AHS continues



■ **FORMAL** mediation to assist United Nurses of Alberta and Alberta Health Services to reach a new Provincial Collective Agreement is continuing.

Mediation commenced on September 10 after a number of important developments in collective bargaining between UNA and AHS for a new collective agreement that will also cover Registered Nurses and Registered Psychiatric Nurses employed by Covenant Health, Lamont Health Care Centre, and The Bethany Group (Camrose).

Immediately before the Labour Day weekend, AHS contacted UNA Negotiators to say they had a new mandate from the provincial government in bargaining.

When the union and employer bargaining teams met virtually on September 7, the employer tabled a new proposal that still contained some major rollbacks but represented meaningful progress in the negotiations.

The September 7 employer bargaining position dropped numerous offensive rollbacks AHS had been demanding for months, including a 3-per-cent across-the-board cut to the salary appendix immediately upon ratification of a new agreement followed by three years with no pay increases.

The employer also dropped its efforts to seek reductions of shift differentials and other pay premiums, elimination of “superstat” holidays, and elimination of designated days of rest for part-time employees.

These changes followed the UNA Bargaining Committee’s decision, communicated to AHS negotiators on August 26, to withdraw all union proposals and accept the employer’s proposals for essential services agreements as a required step toward immediate mediation of the collective agreement.

□ CONTINUED ON PAGE 4

Mediation commenced on September 10 after a number of important developments in collective bargaining between UNA and AHS.

UNA First Vice-President Danielle Larivee addresses a UNA Day of Action rally on August 11 near the University of Alberta Hospital in Edmonton.



□ CONTINUED FROM PAGE 3

UNA submitted its agreement to the employer essential services proposals to the Alberta Labour Relations Board the same day. This opened the door to UNA and AHS to apply almost immediately for formal mediation under Section 65 of the Alberta Labour Relations Code, which in the absence of a formal agreement through mediation would allow the parties to exercise their strike or lockout rights.

However, at that point the employer was still demanding elimination of lump-sum payments, which would cost UNA members 2 per cent a year in pay, and a letter of understanding that would take away important scheduling protections for nurses.

These demands make no sense in Alberta's present circumstances, with the health care system on the verge of being crushed by surging numbers of COVID-19 cases propelled by the Delta variant of the virus, and worldwide competition for a limited number of RNs and RPNs resulting in dramatically improved compensation in many jurisdictions.

For just one example, on September 23 Quebec Premier Francois Legault announced bonuses of \$15,000 would be paid to full-time nurses in the province's public health care system, and to part-time nurses who are willing to work full-time. Nurses who had retired or quit would be paid \$12,000 if they came back, and those in remote areas of the province would qualify for \$18,000 payments.

Recent moves by AHS to hire contract nurses from out of province at much higher pay rates than those in UNA's collective agreement show that the problem faced by AHS is chronic, year-round, and province-wide, not primarily experienced in rural areas or only as a result of the COVID-19 pandemic and seasonal staff vacations.

With mediation now under way, UNA and AHS bargaining teams have agreed to make no further public statements while the process continues.

UNA members will be informed of the results of mediation as soon as possible. 🍷

More scenes from the province-wide UNA Day of Action.



UNA members show commitment to one another and public health care in Alberta PROVINCE-WIDE DAY OF ACTION

UNA members sent a loud message to the Alberta government on August 11, demonstrating their commitment to Albertans and our province's public health care system in a province-wide Day of Action.

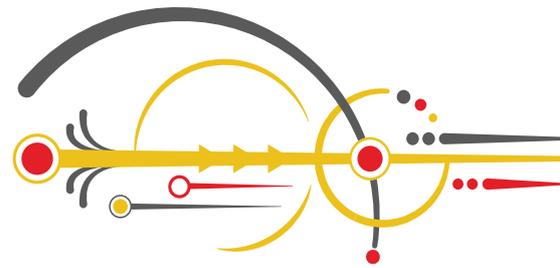
Hundreds of UNA members, their coworkers and supporters joined information pickets held outside nearly 40 worksites across Alberta to demand support for the health care system and respect for nurses and other health care workers.

Communities where information pickets took place included Brooks, Calgary, Camrose, Claresholm, Drayton Valley, Edmonton, Hinton, Fairview, Fort McMurray, Grande Cache, Grande Prairie, High Level, High Prairie, Jasper, Lamont, Lethbridge, McLennan, Medicine Hat, Red Deer, St. Paul, Stony Plain, Strathmore, Peace River, Ponoka, Valleyview, Westlock, and Whitecourt. 🇨🇦



UNA members and supporters gathered at various Alberta locations on August 11 during the union's province-wide Day of Action.





Nurses will go forward, not back, PRESIDENT HEATHER SMITH TELLS UNA ANNUAL GENERAL MEETING

■ **MORE** than 700 members, observers and staff were online on the morning of October 20 to hear President Heather Smith's opening remarks for United Nurses of Alberta's two-day virtual 2021 Annual General Meeting.

After First Vice-President Danielle Larivee opened the meeting with a land acknowledgement, Smith began her annual report, commenting to delegates online the strangeness of holding a virtual annual meeting at a time when COVID-19 dominates everything.

"No chanting, no singing, no dancing, unless you're doing it at home alone," she observed wryly. "But this is 2021 and we have no choice. COVID 19 dominates everything in our lives, our work, and our families."

About 25 UNA leaders, union staff and the technicians who recorded and webcast the proceedings were on hand in a large but almost empty room at Edmonton's EXPO Centre to present the annual meeting's reports. Social distancing was practiced at all times, and masks were worn except when participants were in their seats.

Smith thanked UNA's members, staff, and bargaining committees for the way they closed the union's offices in Edmonton and Calgary virtually overnight and transitioned to working from home when the pandemic arrived in 2020.

As that happened, she noted, UNA was able to continue to make progress in negotiations.

□ CONTINUED ON PAGE 8

Heather Smith





Danielle Larivee



David Harrigan

GOVERNMENT RECOGNIZES NURSES MEANT BUSINESS, LABOUR RELATIONS DIRECTOR DAVID HARRIGAN TELLS AGM IN REPORT ON BARGAINING

■ **I**N his report, UNA Labour Relations Director David Harrigan told the delegates UNA's recent experience bargaining for a new Provincial General Agreement shows that by sticking together Alberta's nurses can make progress in negotiations even though the Kenney Government started things in 2020 by instructing Alberta Health Services to seek large pay cuts and many rollbacks in contract language.

That was the message from UNA Labour Relations Director David Harrigan during the first day of the union's Annual General Meeting on October 20.

The new proposal tabled by AHS on September 7 represented significant progress in negotiations even though it still included several serious rollbacks, including a proposal that would amount to an immediate 2-per-cent pay cut for UNA members and another that would take away important scheduling protections for nurses, Harrigan summarized.

But this was far from the government's original position, brought to the table by AHS, he said.

Harrigan told the more than 700 AGM delegates and others taking part in the meeting on Zoom that UNA has always had channels of communication with Alberta governments during past negotiations.

This was true with governments headed by premiers Ralph Klein, Ed Stelmach, Alison Redford, Jim Prentice and Rachel Notley, he said.

However, Harrigan continued, Premier Jason Kenney's United Conservative Government barely acknowledges the existence of UNA. "We don't really have any relationship with this government," he said. "This government does not acknowledge that UNA exists. They don't acknowledge it, but they're aware that we exist."

□ CONTINUED ON PAGE 12

“I thank all of our local leaders, local executives, committee members, ward and office reps,” she said. “It has been an incredibly difficult time. You have heard first-hand the fear and anger members have experienced. . . . You have my heartfelt appreciation of your contributions and the load you have shouldered on behalf of your colleagues.”

“Since our last meeting, when we elected two Executive Officers, it was four short months until the world changed,” Smith remembered. “We had our Provincial Demand Setting Meeting. Then AHS announced their intent to eliminate 500 FTE, 750 jobs.

“In January 2020, the Employers came to the provincial bargaining table with ‘unprecedented’ rollbacks that would decimate language and compensation, hard won over decades,” she said. “We bargained a bit in January, February and on our final meeting on March 11th we agreed to adjourn negotiations until June 1, 2020 ‘in light of the pandemic.’

“And then COVID arrived for real,” Smith said, remembering how Friday, March 13, 2020, was the last day of normal operations in UNA’s Edmonton and Calgary offices. “The transition to the virtual world for all of the work and services provided by our staff across our organization was phenomenal.”

“I am extremely proud and truly thankful to all of you for the extraordinary work you have done,” she said.

“After many months the anguish, exhaustion – physical and psychological – moral fatigue, fear, betrayal, anger and loss have extracted a horrific toll on our members, our profession and our society,” Smith said. “Even when COVID . . . no longer permeates our daily lives, the recovery will be long, and it is not going to be easy.

“But we are fortunate to have each other,” she concluded. “We will go forward, not back.” 🍷



NEW TERMS SET FOR EXECUTIVE

■ **UNA** welcomed some new members to the ranks of its Executive Board and District representatives, and welcomed back some others, at the union’s 2021 Annual General Meeting.

All four Executive officers – President Heather Smith, Secretary-Treasurer Karen Craik, First Vice-President Danielle Larivee, and Second Vice-President Cam Westhead – were returned to their positions. Smith, Larivee and Westhead were acclaimed to their posts. Craik successfully faced a challenger, Local 301 member Ros Gullickson.

No elections were held in 2020, because of the COVID-19 pandemic, with UNA’s normal practice of holding two executive officer elections on alternating years temporarily suspended. As a result, Smith and Westhead will face another election for a normal two-year term, in one year at the 2022 AGM, and Craik and Larivee will serve full two-year terms.

Delegates also approved a motion that, henceforth, the president and second vice-president will be elected in even-numbered years, and the secretary-treasurer and first VP will be elected in odd-numbered years.

Cameron Westhead

Karen Craik

Danielle Larivee

Heather Smith



OFFICERS, EXECUTIVE BOARD MEMBERS

Other district representative members of the UNA Executive Board and the expiration dates of their terms are as follows:

NORTH DISTRICT

Gerald Macdonald, 2023;
Margaret Nasedkin, 2022.

CENTRAL DISTRICT

Donica Geddes, 2023; Heather Venneman,
2022; Thomas Edwards, 2022.

NORTH CENTRAL DISTRICT

Tim Bouwsema, 2023; Jennifer Knight,
2023; Christina Doktor, 2023;
Jennifer Castro, 2023; Christine Moncrieff,
2023; Terri Barr, 2022; Teresa Caldwell,
2022; Nicole Van Dijk, 2022;
Jens Gundermann, 2022.

SOUTH CENTRAL DISTRICT

Susan Fisk, 2023; Marie Corns, 2023;
Barbara Campbell, 2023; Ken Ewanchuk,
2023; Wanda Deadman, 2022;
Jo Rhodes, 2022; Mary Rose, 2022;
James Zachary, 2022.

SOUTH DISTRICT

John Terry, 2023; Colleen Adams, 2022. 🍷

UNA bids farewell to a few district reps

■ **UNA** bade farewell to several district representatives at this year's AGM.



Marie Aitken

"We are deeply appreciative of the commitment to UNA these board members have shown over many years, and acknowledge the significant contributions they have made to our union and to the labour movement through their work with UNA," President Health Smith said.

Here are brief sketches of those board members:

Marie Aitken

SOUTH CENTRAL DISTRICT

Marie Aitken graduated from the Holy Cross School of Nursing in Calgary in 1978 and moved to Edmonton soon after to work on the ICU Unit of the Edmonton General Hospital. "I was recruited into UNA by Margaret Ethier," she recalls, "and that started my UNA journey."

It's been quite a journey. She's had her pedal to the metal ever since!

In addition to spells early in her career at non-union sites, Aitken has been a member of Locals 400 (mental health clinics), 115 (Foothills Medical Centre), 120 (Lethbridge Health Centre), 82 (Fort Macleod Health Centre) and 228 (Claresholm Centre for Mental Health and Addictions). For a decade she commuted to Calgary from her family farm near Claresholm. She was a member of AUPE for a time, too, while working at the Claresholm Centre before it was brought into Alberta Health Services in 2003.

Aitken served as president of Local 228 from 2009 to 2012, was elected South Central District Representative in 2012 and became a member of the Executive Board. After stepping aside for personal reasons in 2018, Aitken returned as a temporary District Rep in 2019, and was elected to a permanent position later that year. In the fall of 2020, she became a trustee of Local 121 at the Rockyview Hospital in Calgary,

spending the final year of her nursing career on a UNA leave of absence.

With a reputation as a straight shooter and advocate for front-line nurses, Aitken takes her activism beyond nursing. "I always try to respect the world around me and fight for what I believe to be good for the community and the planet," she says. That has meant opposing coal development on the Eastern Slopes of the Rockies, as well as volunteering on Red Cross Disaster management teams for the Slave Lake fire and High River and Calgary floods.

"In my retirement," she says, "I still plan on being actively involved in many ways."

Claire Galoska

SOUTH CENTRAL DISTRICT

If she's not at the microphone at AGM, Claire Galoska describes herself as "that tall nurse always in the back in pictures." She's six feet tall, born and raised in Windsor, Ont., just across the river from Motown. "Soul music runs in my blood."

A Registered Nurse for 16 years, Galoska studied at the Ryerson University in Toronto, had her first nursing job at the famous Hospital for Sick Children, got married and came west with her university sweetheart to raise their family in the clean air of the west.

She has been involved in UNA since 2008, as Vice-President of Local 95 at the Alberta Children's Hospital, co-chair of the local's PRC committee for four years, a member of the UNA Bargaining Committee in 2013, and a member of the Executive Board since 2019. She even got to speak to the prime minister in her role as a UNA activist.

"It has been an absolute pleasure working on this Board," Galoska said. "I am so grateful for the skills that I have learned, the people I have met, the relationships that have been created. ... Big love!"



Claire Galoska



Kelly Thorburn

Kelly Thorburn

NORTH DISTRICT

As she goes into retirement, Local 37 activist Kelly Thorburn recalls why she loved being a UNA member. “It is an organization that cares about people,” she said. “It is a network of knowledgeable and caring people who believe that all Albertans should thrive.”

Thorburn relocated to Grande Prairie soon after graduating as a Registered Psychiatric Nurse from the Alberta Hospital Ponoka Nursing Program in 1989. She spent most of her nursing career on the Acute Psychiatric Unit at the QEII Hospital in Grande Prairie, becoming involved in UNA soon after starting.

She served on the OHS and Grievance committees and held the positions of Secretary, Vice-President and President of Local 37 for many years. She also served two terms on the Executive Board.

“I will miss being a part of the process, but you can expect to see me out at a rally or on the line.”

Ros Gullickson

NORTH CENTRAL DISTRICT

Ros Gullickson’s nursing career began in Australia in 1986 and it led her to work in three different countries and many different health care settings, from a small remote hospital in the Falkland Islands to a large metropolitan teaching hospital in Edmonton.

“Throughout my life I have had a strong sense of social and environmental justice, continuing in university and throughout my career,” wrote Gullickson, who served as a North Central District Representative on UNA’s Provincial Board until this year’s AGM. “The turbulent times of the Seventies and Eighties in Australia led me the union movement.”

Gullickson is the Treasurer of UNA Local 301 (University Hospital, Stollery Children’s Hospital, Mazankowski Alberta Heart Institute and the Kaye Edmonton Clinic) and previously served the local as Secretary and Area II Representative.

Eva Brown

NORTH CENTRAL DISTRICT

Eva Brown was an undergraduate nurse from the University of Alberta when she started working at the Misericordia Community Hospital in 2003 and she has been working there ever since.

As a member of Local 11, Brown was first elected as a representative of the North Central District in 2018 and was an active member of the Finance Committee during her time on the board. She also serves on the Professional Responsibility Concern Committee for Local 11.

“It has been such a motivating factor to take a labour-forward perspective for not just women, but underrepresented groups, in the importance of the labour movement,” Brown said of her time on the board. “You really recognize how important it is to have a progressive labour movement in today’s society.”

Sandra Zak

CENTRAL DISTRICT

Sandra Zak was first elected as a Representative from UNA’s Central District in 2006. 



Eva Brown



Ros Gullickson

Marie Corns named winner of second UNA BREAD & ROSES AWARD

■ **SAYING** that never in her life did she expect to be nominated for UNA’s new Bread & Roses Award, long-time activist Marie Corns thanked Alberta’s nurses for keeping up the fight during a difficult period in Alberta’s history.

“I do not see that I have done any more than so many, many of you, and it is with this I accept it on behalf of all of you, who give so much each and every day,” Corns told the union’s virtual AGM on October 21, via Zoom from her home in High River.



□ CONTINUED ON PAGE 12

Corns, a 1992 graduate of the Lethbridge College School of Nursing, joined UNA later that year at Lethbridge Regional Hospital. She continued her nursing career in High River, serving as president of Local 80 from 2003 to 2012. She has been active on the local's grievance, OHS and PRC committees, and a strong voice in the South Central District, including roles as vice-chair in 2014 and chair from 2015 to this year. She has served on the Executive Board since 2012.

"Marie is a good listener, a committed trade unionist, an ethical decision-maker and a strong advocate for publicly funded and publicly delivered health care," says UNA President Heather Smith. "She is an excellent choice for the second annual UNA Bread & Roses Award."



Marie Corns

In her remarks to members upon receiving the award, Corns told them, "I wake up each day and think there is so much work to be done and never enough time to fit in all the causes requiring our advocacy and support.

"I see how tired you are and yet you still get up and fight for what is right."

Corns thanked her nominators and "my many incredible mentors" in UNA. "I have walked with you, chanted with you, listened to you, cried with you, danced with you – although sometimes very badly – and learned alongside you."

"I urge you all to continue have your voices heard," she said. "Stand tall at those mics, strive to see more than meets the eye, listen, and seek to understand and never, never stop seeing the humanity in others." 🍷

"They don't like us, they don't like you, they don't like public sector employees, and they don't like the fact that employees can form unions," he said.

Nevertheless, Harrigan continued, the government in its directions to AHS clearly recognized that UNA meant business in August when the union accepted AHS's essential services proposals and asked the Labour Relations Board to appoint a mediator.

"They did blink, and they can back down," he explained, as the amended AHS bargaining position of September 7 showed. "They did it because they know nurses are able to stick together."

The parties are now in mediation and Harrigan said he is hopeful that reaching a new collective agreement will not require job action. Both sides have agreed to confidentially as long as the mediation process is making progress.

Addressing the implications for members and their union of the mandatory vaccine

requirement implemented by Alberta Health Services in late August, Harrigan noted that "although the government did not want to be seen making that order, they did in fact make the order.

"There is no ability for us to change that," he told the AGM, adding that UNA and other unions sought legal opinions that show there is no chance of success appealing the policy.

It is likely some members who have sought exemption from the vaccine requirement from AHS on religious or medical grounds will be denied, he said. "If you have a *bona fide* religious reason why you can't be vaccinated, they have to accommodate you," Harrigan explained. "But it has to be a *bona fide* religious belief."

In each case that an exemption is denied, he said, "we're going to have to look to see whether we have a case." The union will do its best to represent its members in such circumstances. 🍷



As fourth wave of COVID-19 rolled over Alberta, the government dallied and **THE HEALTH CARE SYSTEM NEARED COLLAPSE**

■ **BY** mid-September it had become clear that the “best summer ever” Premier Jason Kenney promised when he announced an end to almost all COVID-19 restrictions in June was turning into the worst autumn imaginable.

Hospital intensive care units throughout Alberta were still operating only with the addition of many surge beds, hitting 184-per-cent capacity in the final week of September.

By most measures – active COVID cases, new infections, rates of infection, and deaths – Alberta led all other Canadian provinces by a wide margin.

Exhausted nursing staff and other front-line health care workers faced exhaustion and mental health issues from overwork, stress and the mounting death toll.

The CBC reported at the end of September that nurses and doctors were “gutted” when Kenney failed to announce new restrictions to slow the spread of COVID-19 and relieve the mounting pressure on hospitals and ICUs.

Nurses and physicians interviewed by media described the situation in their workplaces as feeling like a war zone.

Meanwhile, Alberta Health Services reported ICU staff in Edmonton hospitals had received harassing phone calls from unknown persons questioning patient numbers and capacity. “It is unacceptable

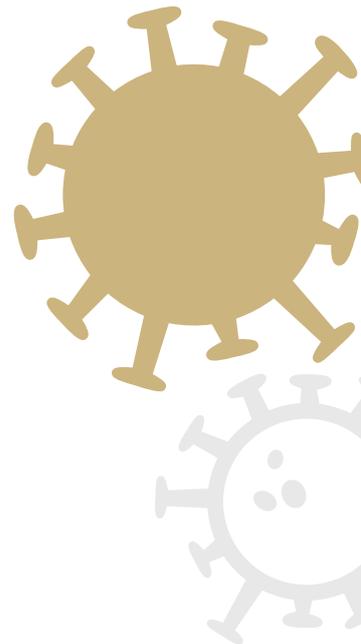
for anyone to harass our staff and physicians – it’s never acceptable and it’s unfathomable now,” AHS said in a tweet on September 29.

Months of predictions there would be a fourth wave of COVID-19, denied by Premier Jason Kenney and other United Conservative Party leaders, had come true. The severity of the wave was made worse by the government’s springtime decision to end most restrictions and encourage Albertans to return to normal living just as the highly infectious Delta variant of the virus was taking hold. The large number of COVID infections brought the intensive-care care system to the brink of collapse.

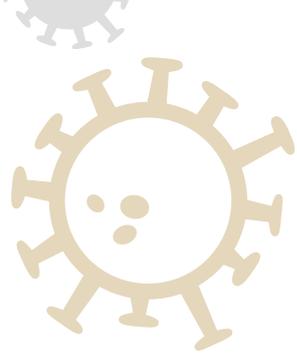
Many other normal activities of the health care system – routine “non-essential” surgeries and even medical checkups that can save lives and money down the line, came close to a complete stop.

The UCP Government – divided between urban MLAs who wanted tighter restrictions and rural MLAs determined that any restrictions were too many – showed signs of not knowing what to do next.

On September 16, the government declared a public health emergency and brought back some restrictions.



□ CONTINUED ON PAGE 15



Military sent in nurses to help overwhelmed hospitals:

ALBERTA HEALTH CARE UNIONS' REQUEST

Canadian Forces Critical Care Nursing Officers & a CAF Senior Nursing Officer are in Edmonton to help AHS in the fight against COVID-19.



■ **ON** September 24, the Canadian Armed Forces confirmed that it would send resources to help Alberta's overwhelmed intensive care units.

The province had reached out to federal Public Safety Minister Bill Blair earlier in the week to request Ottawa's assistance with unprecedented patient numbers during the fourth wave of the COVID-19 pandemic.

The provincial request, in a September 21 letter from Municipal Affairs Minister Ric McIver, asked the federal government to provide aero-medical evacuation capability to relocate patients out of Alberta, and intensive-care unit Registered Nurses and respiratory therapists to assist in Alberta's critical care response.

The request was made three days after leaders of Alberta's health care unions called on the province to ask Ottawa to immediately deploy the military, the Red Cross and all other available medical resources from across the country to assist the province's overwhelmed hospitals.

The joint letter to Premier Jason Kenney from UNA President Heather Smith,

Alberta Union of Provincial Employees President Guy Smith, Health Sciences Association of Alberta President Mike Parker, Canadian Union of Public Employees Alberta President Rory Gill, and the Alberta Federation of Labour President Gil McGowan asked the province to make the request "on behalf of our beleaguered members on the front-line of this crisis, and on behalf of all Albertans."

"There are no more nurses in our province who can be deployed," the letter said. "There are no more paramedics. There are no more respiratory therapists. There are no more support staff. The tank is empty."

"Beds mean nothing without properly qualified staff," Heather Smith said at the time, referring to the province's promise to open additional ICU beds. "There are simply no more experienced people to mobilize."

Taken together, UNA, AUPE, HSAA and CUPE, represent more than 100,000 people working in Alberta's health care system. 🇨🇦



"There are no more nurses in our province who can be deployed. There are no more paramedics. There are no more respiratory therapists. There are no more support staff. The tank is empty."

On September 16, the government declared a public health emergency and brought back some restrictions, including early closing hours for bars and no indoor restaurant dining. It created a flawed and easy-to-forge proof-of-vaccination document, but left it up to private businesses to enforce the new rules.

In the last week of the month, Premier Kenney announced the government would require the approximately 25,000 direct employees of the provincial government to be fully vaccinated or have regular COVID tests they would have to pay for themselves.

Health Minister Jason Copping, appointed to the job on September 21, acknowledged the strain on the system, thanking “the thousands of health-care professionals who have given everything they absolutely have and so much more over the past 19 months.”

“I hear you when you talk about how exhausted you are, how the toll these

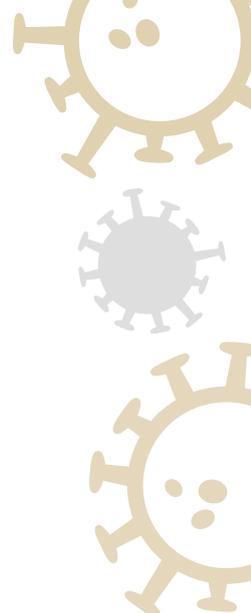
many, many months has affected your physical and mental health,” he said on September 28.

He promised to increase baseline ICU capacity and prepare Alberta for future COVID-19 waves.

However, the same day Premier Kenney said there would be no new measures, but that the government instead would continue to monitor the effect of those already in place.

Meanwhile, in both Canadian and American media, right-wing commentators appeared to be launching a new push to argue that Alberta’s problem with ICU capacity is the result of Canada’s public health care system, not the decisions made by the government.

Expect renewed attacks on public health care, now focused on the argument that for all the U.S. system leaves millions of Americans uninsured, it somehow manages to create more ICU beds. 🍷



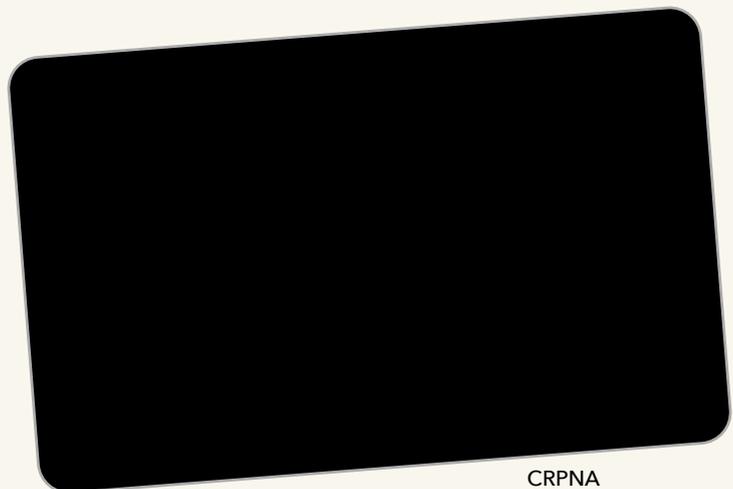
MENTAL HEALTH CHARTING CARDS TO BE MADE AVAILABLE TO UNA MEMBERS

■ **MENTAL** health charting cards that can be attached to a nurse’s lanyard have been created by the College of Registered Psychiatric Nurses of Alberta for distribution to both RPNs and Registered Nurses.

The laminated cards, part of a mental-health initiative by nurses for nurses, are sized to be carried on a lanyard have common terms used in charting for mental health issues. They are designed to be used in Alberta Health Services and Covenant Health worksites.

Production of the cards was funded by the federally supported MINDWELL program, said CRPNA President Tonya Ratushniak, a mental health therapist at St. Mary’s Camrose.

Cards will be available at future UNA events for distribution to members who want one. 🍷



CRPNA

As stress from pandemic grows, employers seek more from nurses: WHAT YOU NEED TO KNOW

By Lee Coughlan
UNA Labour
Relations Manager

Every day we hear stories of
nurses in tears,
feeling exhausted,
distressed, and angry.

■ UNA'S members continue to face unimaginable challenges in their workplaces. As employers attempt to meet the demands of the pandemic's fourth wave, they ask more and more of you. And you continue to meet those demands with courage and compassion. Thank you.

As the pandemic surges and retreats, your rights and needs may change. We wanted to speak to some of what is happening and provide some guidance for you.

We will start with the most important and prominent issue: your health and wellness.

Every day we hear stories of nurses in tears, feeling exhausted, distressed, and angry. You are entitled to take sick time if you are ill. If those symptoms arose due to working conditions then we also encourage you to submit a claim to the Workers Compensation Board. An approved claim through WCB has the added benefit of preserving your sick bank and disability benefits for non-work-related illnesses should you require them in the future. WCB may also provide paid psychologist appointments if your claim is accepted. Even if you do not miss time, you can submit a "no lost time" claim to WCB and access WCB's supports. WCB requires you to confirm a diagnosed illness and that the illness is related to the workplace.

Generally, WCB requires nurses to demonstrate PTSD is tied to a particular incident. Nurses are witnessing trauma on a daily basis and the cumulative impact of that trauma should be acknowledged by WCB. If you are unable to identify a single incident, then UNA will assist you to challenge such a decision. If denied for any reason or if you require assistance at any stage of the process, please contact our office for assistance. If we are unable to assist directly, we will find someone who can.

Of course, there are ways for you to undertake self-care outside the WCB process. Employees who are eligible for extended health benefits have access to coverage for appointments with a psychologist (up to 20 visits/year, \$100/visit) and massage therapist (up to 20 visits/year, \$50/visit).

Beyond self-care, you can also protect yourself by enforcing other rights. Many nurses are working significant amounts of overtime. If you determine that you have been asked to work an unreasonable amount of overtime, then you may decline to work the additional overtime, except in an emergency. If the employer identifies an emergency, this may or may not be appropriate and we encourage you to contact your UNA local or Labour Relations Officer. Even if there is an emergency there may be a compromise to minimize the impact on you.

As outbreaks impact sites, we have seen employers float employees to other units and other sites. If an employee is moved to another unit in the same site, this is a reassignment and should occur on an exceptional basis. During an emergency, the employer may move an employee from one site to another; this is a redeployment and we have encouraged the employer to select volunteers first. If you are redeployed, the employer cannot unilaterally amend the number of shifts and shifts per shift cycle for an employee. If the employer wishes to amend your shift length and/or number of shifts, contact your local or labour relations officer for assistance. We do not need to be a barrier if you want to be flexible and assist but the local should be engaged to assist. We also know that some have tried to transfer to another position to attempt to recharge and are facing redeployment back to the unit they attempted to leave. The employer may be permitted to do so, but an LRO may be able to discuss a compromise with the employer to allow you some time to recharge. Simply put, burning you out won't help the health care system.

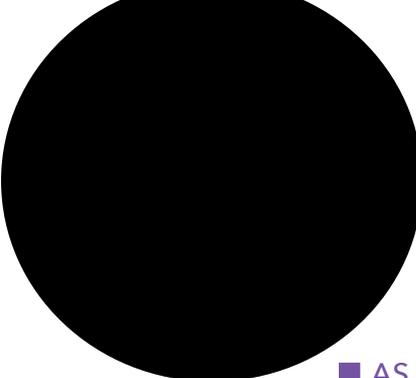
Vacation denials and vacation cancellations have also been prominent recently. If an approved vacation is canceled, you are entitled to 2X pay and expenses if you had plans to travel. 🍷

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mental health AND self-care

resources for
UNA members





BEARING WITNESS:

What does PRC success mean during the pandemic's fourth wave?

■ **AS NURSES** experience exhaustion, burn-out, moral distress, and illness, they have less time and energy to document PRC issues. Many ask, “*What’s the point?*”

Yet, remarkably, across Alberta PRC issues continue to be documented.

Between September 26 and October 4, 22 reports from throughout the province were entered into UNA’s PRC database. Some PRC meetings were cancelled or postponed, but others continued, keeping communication channels open and documenting risks to patient, client and resident safety.

The PRC process focuses on identifying and documenting patient safety concerns. Under ordinary circumstances, “successes” are defined as the ability to resolve concerns at the PRC committee level or through escalation meetings with senior employer representatives.

As the pandemic progressed, though, resolution of many issues, especially staffing and staff mix concerns, became difficult. In these circumstances, continuing to bear witness is a significant individual and collective accomplishment.

Each PRC report is a moral act that involves describing the truth of what happened in a particular worksite, on a specific date and time. Each PRC report is an important historical record containing contextual information, factual documentation, and nurses’ direct observations.

Past PRC reports illustrate how AHS policies to reduce the Nurse workforce contributed to the present state of depletion and exhaustion even before the fourth wave of the pandemic began.

For example, AHS engaged for years, under a variety of names, in a process of

workforce substitution and de-professionalization. The goal has been to replace RNs and RPNs with less expensive workers.

The impacts are well documented. The policy results in fragmentation of care as less skilled workers are restricted to tasks within their scope of practice. This leads to more handoffs among care providers, a factor associated with high risk of adverse occurrences.

PRCs from all parts of Alberta factually document how AHS pursued this policy under a variety of names. But call it “workforce transformation,” CoAct, or Operational Best Practices, the goal is always the same: to reduce RN and RPN staffing.

UNA members’ PRC reports show the predictable consequences of this policy.

Other examples include:

- Casualization of the workforce, in which full-time RN and RPN positions are reduced and part-time or casual positions increased over time, contributing to nursing shortages while ignoring patient needs.
- Holding full-time positions vacant through “enhanced vacancy management,” making it difficult for front-line managers to post and fill vacancies.
- Normalized use of overtime and mandatory overtime, a short-sighted management practice that depletes reserve capacity in communities and throughout the system.
- Ignoring precautionary evidence that clearly shows lower ratios of nurses leads to poorer outcomes and increased mortality rates.

□ CONTINUED ON PAGE 19

New videos feature UNA history and nurses' COVID experiences

■ **UNA** staff and a well-known producer of videos for the union movement have created short videos about UNA's history and the experience of the union's members during the coronavirus crisis.

The video produced by videographer Don Bouzek included new interviews with UNA members who lived through the cuts and labour troubles of the 1990s when Ralph Klein was premier of Alberta, a time with similarities to the present. It also included historical interviews about the

same period done by UNA for the Alberta Labour History Institute (ALHI).

The short video about nurses' experiences during the COVID-19 pandemic was created by UNA staff videographer Jeremy Rittwage.

Both videos were played at UNA's October 20-22 Annual General Meeting.

Raw video from the latest interviews will also be given to ALHI to keep and make accessible to historical researchers in the future. 🍷

The nurses interviewed for UNA's short COVID-19 video.



Rachel Roeleveld



Cathleen Cobb



Jenna Knight



Tim Bouwsema



UNA President Heather Smith

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The result of such policies is an organizational culture in which nursing is devalued.

Increasing the number of ventilators or beds won't improve health outcomes if expert nursing care is not available.

As is now apparent nationally and internationally, Alberta's management of the

pandemic has been deeply flawed, with deadly consequences.

The commitment of nurses in these circumstances continues to bear witness to the hazards they encounter offers a chance to understand how future nurse staffing crises can be prevented. 🍷

CFNU Day of Action

Nurses join Edmonton car convoy to show support for co-workers during CFNU Day of Action

The day of action was called by the CFNU to express mounting frustration among overworked front-line health care workers.

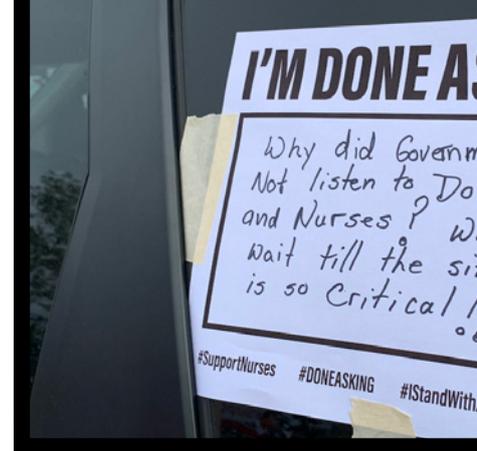
UNA members and supporters participated in a National Day of Action on September 17, 2021, protesting the lack of government action to fix the critical nursing shortage and make urgently needed improvements to Alberta's and Canada's beleaguered health care system.

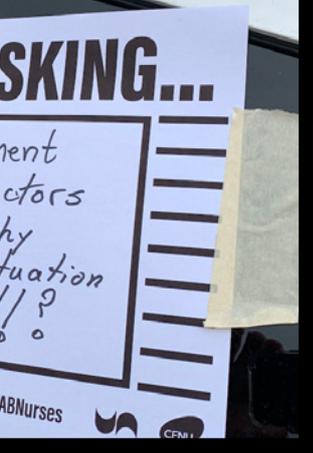
The day of action was called by the Canadian Federation of Nurses Unions to express mounting frustration among overworked front-line health care workers.

Because of the sharp rise in COVID-19 cases across Alberta, UNA encouraged members and locals to participate in ways other than traditional in-person rallies or info-pickets.

Answering the call, UNA locals in Edmonton, Edson and Stony Plain organized car convoys that drove through their communities and past hospitals and health care centres to show their support for their co-workers.

More than 50 cars joined the motorcade in Edmonton that drove by the Grey Nuns Community Hospital, the University of Alberta Hospital, the Royal Alexandra Hospital and the Misericordia Community Hospital. 🍷





More scenes from UNA's motorcade during CFNU's national nurses' Day of Action.





CANADIAN
FEDERATION
OF NURSES
UNIONS

WHY OUR FOCUS IS ON HEALTH HUMAN RESOURCES:

CFNU president



By Linda Silas
President, Canadian
Federation of Nurses Unions

IN the leadup to the 2021 federal election, the Canadian Federation of Nurses Unions was laser-focused on one crucial issue: health human resources planning.

In dozens of op-eds, at the forefront of our National Day of Action, and topping our list of electoral demands was a call for Canada to tackle the nursing shortage.

Nurses have been working short for years. The pandemic has only made it worse.

More and more, we're hearing of nurses looking for the exit sign. The pandemic not only increased nurses' workloads, it also added to their psychological load. The prevalence of burnout is rising.

This isn't just anecdotal: pre-pandemic, the CFNU promoted two different surveys. The first, a study conducted by University of Regina researchers Nicholas Carleton, PhD, and Andrea Stelnicki, PhD, revealed a high prevalence of mental health disorder symptoms with rates similar to those found among law enforcement. More than 83 per cent of nurses felt that the regular core health staff was insufficient to meet the needs of patients. Even before the pandemic, 29.3 per cent of nurses were reporting clinically significant symptoms of burnout.

Similar findings were also revealed in the CFNU's *Outlook on Nursing* study led

by Linda McGillis Hall, RN, PhD, at the University of Toronto. That study found that 60 per cent of nurses intended to leave their job within the next year; a quarter of those intended to leave the nursing profession altogether.

Both studies paint a picture of a health care system in crisis.

The pandemic struck at a time when the system was already stretched thin. Existing health care staff had to carry the weight of that shortage. According to Statistics Canada, nurses' average weekly overtime hours increased by 78 per cent in May 2020, compared to the same time period in 2019.

Nineteen months into the pandemic, nurses are finding it impossible to get any semblance of respite. Wave after wave, their vacations were cancelled or pushed back. Much needed time off, which would help alleviate symptoms of burnout, is still out of reach for many.

Immediate interventions are needed to help nurses, including proper psychological support and restorative vacation time. We need standards around safe staffing, such as nurse-patient ratios. And the bottom line is we need more data and data-driven decision-making to fix our broken system.

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WHEN KNOWLEDGE MEETS KNOW-HOW

EXTENSION OF CRITICAL INFRASTRUCTURE DEFENCE ACT TO HOSPITALS RAISES FEARS LAW WILL BE USED AGAINST STRIKERS

■ **ALBERTA** Premier Jason Kenney announced September 24 that Alberta would be adding hospitals, clinics and other health-care facilities to the list of essential infrastructure protected under the province's *Critical Infrastructure Defence Act*.

The controversial legislation, which includes fines as high as \$25,000 for individuals who engage in constitutionally protected activities, was passed soon after the election of the United Conservative Party Government in 2019. It came into effect in June 2020.

The law has been called unconstitutional by its critics and was justified at the time as a way to protect transportation routes and pipelines.

The government's September 24 news release used protests by anti-vaccination activists in other parts of Canada as justification for the change. Premier Kenney called the extension of the act's definition of critical infrastructure to health care facilities as a way "to keep health-care

workers safe and to make sure Albertans can receive critical care when they need it."

However, despite violence at protests elsewhere in Canada, such situations outside hospitals in Alberta have been infrequent and sparsely attended.

This naturally led to the concern the UCP Government had other targets in mind.

"If this was really aimed at anti-vaxx protesters, they would have done this some time ago," said UNA Labour Relations Director David Harrigan in an interview with Global News.

"There have not been any anti-vaxx protests at hospitals for weeks," he added. "It is most likely that this addition is a direct result of the fact that nurses are in formal mediation and could be in a legal strike position. They want to ensure that no picketing will take place."

NDP Justice Critic Irfan Sabir said he had expected to hear assurances the law would not be used in the event of a labour dispute. 🍷

The law has been called unconstitutional by its critics.

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One of our central demands is for a federal agency tasked with health human resources planning. Our health care system accounted for 11.5 per cent of GDP in 2019, yet Canada is planning in the dark when it comes to this workforce.

As wait times grow and the public becomes more dissatisfied with our public health care system, governments often resort to knee-jerk solutions that don't consider the health care system as a whole. Hiring more doctors makes for a good political sound bite, but does it account for the nursing and support staff needed to provide safe patient care? If we are worried about the patient experience, we need to look at staffing.

There have been great strides in analytical and planning tools in recent decades. But without data, we can't accurately forecast future staffing needs. This is key to building a responsive health care system. Imagine how different things could have been had governments been able to forecast the extent to which a pandemic, coupled with a nursing shortage, would bring our health care system to its knees.

Canada desperately needs data-driven health human resources planning. It's key in addressing the nursing shortage, improving our working conditions and providing quality care through safe staffing.

As the saying goes: "The conditions of work are the conditions of care." 🍷

COVID, CUTS AND CHAOS: AHS security is in shambles, and nurses need to push back

By Dewey Funk
UNA OHS Advisor



■ **IT'S** taken a year and a half of the pandemic for the violence and aggression nurses regularly experience to become a major public issue.

Yet with the fourth wave of COVID-19 hitting Alberta hard, verbal and physical aggression from the public on the rise, the provincial government abdicating its responsibility, and medical staff warning the medical system is crumbling, AHS chose this summer to roll out reductions to site-based Protective Services staff across the province!

In rural Alberta, where there is no immediate backup, this leaves staff to face verbal abuse and assaults, and the risk of worse.

But don't worry, AHS has told the media: they have a Violence Prevention Program.

Plus, AHS says, staff can summon Protective Services when the need arises, or they can call the RCMP.

So let's take a close look at what often really happens:

Imagine a member of the public comes to your facility's door demanding medical assistance.

There are only a few AHS staff on site. But there are people at the hospital entrance, locked for the night, yelling there's a gunshot victim.

You're the nurse. It's up to you to decide. Do you let them in?

So you go to the vehicle outside to assist the victim. You call in a physician.

You also call AHS Mobile Security. They tell you no one's available to attend right now. They say they'll call you back.

Meanwhile, a couple of the occupants of the car start to fight in the waiting room.

WHAT DO YOU DO NOW?

You phone the RCMP. Everyone knows the Mounties are stretched thin in rural Alberta. In addition, the governing party has imposed financial cuts to rural policing. The police can't come immediately either.

So you're left to deal with this situation. When you phone the "Manager on Call," they respond: "What do you normally do in a situation like this?"

Seriously? Why would you call if this were a normal situation? Yet this is a frequent response.

Nurses are often left alone to deal with such situations until Security Services can show up. After all, AHS seems to think, staff are trained in Non-violent Crisis Intervention to get out of aggressive situations without being assaulted.

So there you are. HCWs are trying to help the gunshot victim and stop the fight in waiting room. Mobile Protective Services is not available. The RCMP are on their way and will get there eventually. The manager on call is no help.

SOUND FAMILIAR?

Yet the cuts to Protective Services recommended in the 2020 Ernst & Young report are going through because we have to save a buck!

How does the Violence Prevention program play into this? That's a question I have asked many times.

□ CONTINUED ON PAGE 25

In rural Alberta, where there is no immediate backup, staff are left to face verbal abuse and assaults, and the risk of worse.



After a long wait, AHS told me there will be no increases to security. AHS believes it is adequately staffed to meet the situation.

But with the situation we have now, the psychological impacts on staff will be felt for years.

So I urge you to report *all* incidents of aggression in the employer's incident reporting system.

Demand the corrective action reports so that we can show the employer why cuts to Protective Services must be reconsidered.

Cost savings must be measured against the danger of physical and psychological impacts, lost time claims, and care for staff. 🙄

I don't know how this will end.
But I do know that you matter.
Every day you go to work you
are an important person.

Take Care of Yourself!
And help your union
take care of you!

Dewey

UNA urges members to wear N95 masks when caring for patients with COVID-19

■ **UNITED** Nurses of Alberta urges all members to wear fit-tested N95 respirators when caring for suspected or confirmed COVID-19 patients.

This step is necessary during the current fourth wave of the pandemic driven by the more infectious Delta variant of the COVID virus.

“UNA members are permitted to use fit-tested N95 respirators, based on their point of care risk assessment (PCRA), even in situations that do not involve aerosol generating medical procedures,” UNA noted in a statement to members on September 20.

Citing the *UNA-Alberta Health Services Joint Statement: COVID-19 and Personal Protective Equipment* agreed to by UNA, AHS, Covenant Health and other health care unions, the union statement said “it’s important to note that aerosol transmission, which necessitates respiratory protection such as a fit-tested N95 respirator or equivalent, is now recognized as one of the primary modes of transmission of COVID-19 by leading public health and

disease control institutions in Canada and across the globe.”

The Public Health Agency of Canada, the U.S. Centers for Disease Control, and the World Health Organization all recognize that COVID-19 spreads through the inhalation of very fine respiratory droplets and aerosol particles that are produced through breathing, coughing, and sneezing.

All three organizations now recommend health care workers consider wearing N95 respirators outside of AGMP only situations.

On September 10, an Alberta Health Services COVID-19 email update to all staff incorrectly claimed those bodies had concluded that aerosols are not considered the predominant mode of transmission of COVID-19.

Despite a request by UNA for AHS to correct this inaccurate statement, AHS said it was confident the wording in its email is accurate and said it “will continue to message that staff have the ability to choose the best PPE for their situation as outlined in our joint statement.” 🙄

Amid fourth wave of pandemic, health minister and labour minister switched roles in September

www.flickr.com/photos/governmentofalberta



Tyler Shandro, at left, and Jason Copping.

■ **UNDER** public pressure for his government's ineffective response to the fourth wave of COVID-19, Alberta Premier Jason Kenney switched his unpopular health minister and low-profile labour minister on September 21.

Tyler Shandro took on the role of minister of labour and immigration after a year of harsh criticism for his performance as health minister during the COVID-19 crisis that brought the provincial health care system to the brink of collapse.

Jason Copping, labour minister since the 2019 election, became Alberta's new minister of health.

Both men are lawyers and Calgary MLAs.

At a press conference immediately after Copping and Shandro were sworn into their new roles, the premier praised Shandro and said he offered his resignation from the health portfolio. Kenney added that both he and Shandro agreed it was time for a change.

"It is time for a fresh start, and a new pair of eyes on the largest department in the government, especially at a time such as this," Kenney said.

Shandro had repeatedly faced calls to resign as health minister amid the COVID-19 pandemic and a protracted dispute between the government and doctors.

As labour minister, Copping brought in what is widely seen as anti-union and possibly unconstitutional legislation, but managed to maintain a lower profile and less confrontational working relationships in the role. 🍷

Report exposes UCP labour legislation's impact on Alberta workers and economy

■ **A** July report by the Edmonton-based Parkland Institute shows that the *Restoring Balance in Alberta's Workplaces Act (2020)* moves Alberta's labour relations environment closer to the U.S. model to the detriment of workers in the province.

A number of provisions of the law, commonly known as Bill 32, are unprecedented in Canada and much more closely reflect U.S. laws that are heavily tilted in favour of employers.

Tipping the Balance: Bill 32, The Charter and the Americanization of Alberta's

Labour Relations System, by Parkland Director and Athabasca University Professor Jason Foster, examines the bill with a focus on its broader implications for the rights of Albertans, the health of democratic debate in the province and potential economic consequences.

"The public perception is that the portions of Bill 32 dealing with labour relations only affect unions and their members," Foster said when the study was published. "However, this report suggests the bill's potential consequences extend far beyond unions.

□ CONTINUED ON PAGE 27

Efforts to provide Nurse Practitioners with union representation continue

■ **EFFORTS** to provide Nurse Practitioners in Alberta with union representation are continuing.

After being approached for assistance by Nurse Practitioners in 2018, United Nurses of Alberta succeeded in an application to the Alberta Labour Relations Board challenging the constitutionality of a 2003 law that denied NPs their right to freedom of association protected under the Canadian Charter of Rights and Freedoms.

The ALRB declared the law, which prevented NPs working in their profession from joining a union, to be unconstitutional. However, it also gave the province one year to draft new legislation that was in compliance with the Charter.

During that year the Alberta Government approved a new regulation requiring the approximately 600 NPs to have their own distinct bargaining unit.

It seems likely this was an attempt to make it difficult for a large union with a track record of negotiating strong agreements for its members to represent this group of employees. The decision made little sense since the four legislated “functional bargaining units” for public-sector Alberta health care employees that existed at that

time each had about 20,000 members, whereas the new group would represent fewer than 1,000.

Since then, the NPs’ professional organization, the Nurse Practitioners Association of Alberta, has attempted to form a union that could exclusively represent NPs, and to sign up its members for the new union.

A campaign by the Nurse Practitioners Association of Alberta Union in 2021 got enough signatures to make an application to the ALRB for certification as a union, but faltered on technical grounds. Two applications were withdrawn by the NPAU and its legal counsel.

Since then, now using the name the Alberta Union of Nurse Practitioners, the group has launched another organizing drive.

At the same time, UNA continues to be willing and prepared to represent NPs if there is interest in that professional group to be part of Alberta’s largest nursing union with a proven track record of strongly representing members and negotiating among the best collective agreement provisions in Canada. Before 2003, UNA represented Alberta NPs. 🍷

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“Many of the bill’s provisions touch upon rights enjoyed by all working people and all Albertans generally,” he said. “The bill has the potential to profoundly impact the direction of Alberta’s economy.”

The report found that Bill 32:

- Undermines workers’ right to free expression through restrictions on picket activity and secondary picketing
- Interferes with the internal operations of private organizations

- Shifts rules regarding union membership dues to a U.S.-style approach that elevates individual freedom of speech at the expense of freedom of association
- Politically targets voices opposed to the government’s agenda to undermine their ability to participate in democratic debate

Several unions are considering a legal challenge of the constitutionality of the legislation, which received Royal Assent and became law on July 29. 🍷



Jason Foster



UNA recognizes National Day of Truth and Reconciliation; SOME EMPLOYERS DO NOT

■ **ON** September 30, United Nurses of Alberta marked the first National Day for Truth and Reconciliation.

The national statutory holiday was created through legislative amendments made by Parliament to honour the lost children and survivors of residential schools, their families and communities and to commemorate the tragic and painful history and ongoing impacts of residential schools.

On June 3, 2021, Bill C-5, *An Act to amend the Bills of Exchange Act, the Interpretation Act and the Canada Labour Code (National Day for Truth and Reconciliation)* received Royal Assent.

United Nurses of Alberta encourages its members to take time on Sept. 30 each year to learn more about Indigenous culture and history and reflect on the 94 Calls to Action included in the final report of the Truth and Reconciliation Commission.

Sept. 30 is also Orange Shirt Day, during which Canadians are invited to wear orange shirts to honour survivors of residential schools, their families, and their communities.

Orange Shirt Day is an Indigenous-led commemorative day honouring the children who survived residential schools and remembering those who did not. It relates to the experience of Phyllis Webstad on her first day of school, where she arrived dressed in a new orange shirt, which was taken from her. It is now a symbol of the stripping away of culture, freedom and self-esteem experienced by Indigenous children over generations.

Orange Shirt Day is an Indigenous-led commemorative day honouring the children who survived residential schools and remembering those who did not.

UNA is committed to reconciliation with Indigenous peoples in Canada and acknowledges that this requires real action on the part of all Canadians, in addition to symbolic activities such as land acknowledgements.

In June 2017, UNA's Executive Board passed a position statement on Indigenous Health and the Truth and Reconciliation Commission, which stated that UNA recognizes the historical fact that Canada's colonial mission was predicated upon the cultural genocide of Indigenous people. The full statement can be found on UNA.ca.

The statutory holiday applies to all federal employees and workers in federally regulated workplaces.

Despite language in UNA's Provincial Collective Agreement stating that any holiday recognized by the Government of Canada will apply, Alberta Health Services refused to recognize the statutory holiday for its employees, although some long-term care operators have agreed to do so.

UNA has filed a grievance with the employer in an attempt to resolve this issue. 🍁

New LROs join UNA



Leigh Debenham



Lily Huang



Mariful Alam

■ **UNITED** Nurses of Alberta's newest Labour Relations Officers include a former human resources staffer with Covenant Health, a university teacher and union staff member, and a long-time Labor Relations Assistant well known to the UNA community.

Lily Huang most recently worked as an HR Client Partner with Covenant Health, responsible for working with all health care unions at the Misericordia Community Hospital and Villa Caritas in Edmonton. Previously she was employed as a labour relations advisor with the Good Samaritan Society.

Huang was educated at the Jiangsu University of Science and Technology in Zhenjiang, China, and at MacEwan University in Edmonton. She is assigned to Locals 33 (Royal Alexandra Hospital), 234 (Hardisty), 150 (St. Michael's Long-Term Care) and 219 (Shepherd's Care/Allan Gray).

Mariful Alam, a PhD candidate in Socio-legal Studies at York University in Toronto, comes to UNA from sessional teaching

duties at the University of Calgary and Brock University in St. Catharines, Ont. He completed earlier degrees at Carleton University in Ottawa.

Among other teaching and labour relations roles, Alam is former executive officer of CUPE Local 3903, which represents about 3,000 teaching assistants, contract faculty and graduate assistants at York University. He also worked for the Service Employees International Union as a Long-Term Care Sector manager.

Leigh Debenham is well known to members and staff at UNA, where she has worked as a Labour Relations Assistant in the Southern Alberta Regional Office in Calgary since 2009. In that role, she was instrumental in streamlining DMS and file management processes within UNA.

She attended McMaster University in Hamilton where she graduated with a Bachelor's Degree in Labour Studies.

She has been assigned to work with smaller long-term-care locals in Calgary and the surrounding rural area. 🍷

ANTI-VACCINE PROTESTS DEMORALIZING FOR FRONT-LINE HEALTH CARE WORKERS

■ **IT** is demoralizing for nurses and other health care workers risking burnout and COVID-19 infection to see people opposed to vaccination efforts interfere with access to health care facilities, United Nurses of Alberta said in a statement in mid-September.

Hospitals across Canada, including the Foothills Medical Centre in Calgary and the Royal Alexandra Hospital in Edmonton, were braced for the worst after protesters opposed to COVID-19 vaccinations and pandemic protocols in other provinces turned violent and blocked access by patients and ambulances.

“While UNA recognizes the right of citizens to let their views be publicly known, now is not the time for large gatherings at which COVID-19 infections can spread,” the union’s statement said.

“UNA is deeply troubled that even a few health care workers have participated in

these activities,” it continued. “The few health care workers involved in these anti-vaccination protests take attention away from the important vaccination efforts by nurses and other health care workers across Canada.”

UNA said it wished to make it clear it is “in no way affiliated with or connected to the group of individuals that call themselves ‘Canadian Frontline Nurses.’

“That group is primarily opposed to mandatory vaccination, but their social media accounts reveal general anti-vaccination, anti-mask, and anti-lockdown sentiments,” the statement said.

“Throughout the pandemic, UNA has stood consistently on the side of science. We have advocated for evidence-informed public health measures to stem the spread of COVID-19, such as social distancing, masking and vaccination. 🍷

BY EVERY METRIC, UNA'S NURSES NOW & ALWAYS CAMPAIGN ENGAGED ALBERTANS

■ **BY** every metric, United Nurses of Alberta’s *Nurses Now & Always* campaign was successful in engaging UNA members and our supporters by activating them to take action against proposed governments cuts and privatization to health care.

The campaign was launched in December 2020 and included billboards, digital advertisements, radio ads, a flagship video and an aggressive email-engagement campaign.

UNA’s billboards and transit ads were seen in Calgary and

Edmonton. Traditional radio ads were heard in Calgary, Edmonton, Lethbridge and some other communities. Digital media used in the campaign were accessible wherever people use the Internet.

In the initial phase of the campaign, close to 60,000 people took some form of action to support Alberta’s nurses.

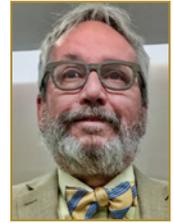
Digital ads produced more than two million video playthroughs, and more than 8,000 people took action on the **NeedNurses.ca** microsite as a direct result of digital ads encountered on social media sites.

The website featured a flagship video – the disappearing nurse story – and various actions such as petitions (signed by more than 20,000 people), open letters (signed by close to 30,000), letters to MLAs (close to 3,000 sent), phone calls to MLA’s office (more than 300), and letters to the editor (more than 230).

UNA is now working with its advertising agency on the next phase of the campaign.

UNA intends to continue to put pressure on the government and individual MLAs to know that the public is on the side of nurses. 🍷

UNA members employed by AHS and Covenant Health **MUST SUBMIT PROOF OF VACCINATION**



Report from
Director of Labour Relations
David Harrigan

■ **ALBERTA** Health Services and Covenant Health have extended the deadline for all employees to comply with its mandatory immunization policy until November 30, 2021.

The extension allows employers to plan to how they will address workplace staffing issues where critical staff shortages already exist.

UNA advises all members who have been vaccinated but who have not already submitted proof of vaccination to AHS to do so as soon as possible. The sooner AHS receives proof of vaccination the sooner they can plan to ensure patient safety.

AHS and Covenant Health employees can submit proof of immunization through the Got My COVID-19 Immunization Form on AHS Insite or Covenant Health CompassionNet.

The form includes an option for workers to declare the date of their last dose and provide consent for AHS or Covenant Health to validate their immunization status through Netcare or other provincial information repositories housing immunization records. They also have the option to submit a copy of their records directly to AHS Workplace Health and Safety or Covenant Health Occupational Health, Safety and Wellness.

AHS reports that well over 90 per cent of full-time and part-time AHS employees and more than 97 per cent of Intensive Care Unit staff had submitted proof of having two doses of COVID-19 vaccine by mid-October.

COVID-19 immunization appointments can be booked through ahs.ca/vaccine. Appointments can also be booked through the provincial government's online Alberta Vaccine Booking System.

UNA urges all unvaccinated members not restricted by *bona fide* grounds for an exemption to arrange to be fully vaccinated as quickly as possible.

UNA will support members with *bona fide* medical or other protected grounds for not receiving the vaccine.

UNA will support members with *bona fide* medical or other protected grounds for not receiving the vaccine.

When the policy was introduced, UNA examined it in detail to see if there were grounds to object. The examination showed there were not. This was confirmed by a legal opinion by UNA's external legal counsel, then confirmed again by a second firm used by the Alberta Federation of Labour. As a result, it was my decision UNA would not file grievances. There is a procedure for members who wish to appeal.

Vaccines are among the most important ways to reduce the burden currently impacting our health care system and reduce COVID-19 cases. 🍷

